

215047616
70097

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 42	Agency Case No. B5-107228	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	11/17/2015		TIME OF ACCIDENT 0743		STATE USE ONLY 11/17/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0744	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. Adams, N72-N70			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	
D	IF AT INTERSECTION	NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
1	6.00		X	FEET	of N. Curb of Adams	
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
V2/M	01					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H13186737			STATE (Of License)	NE
2	DRIVER	FRANKLIN B HARRIS B			PHONE	402-217-9015
V1/N	1842 KNOX ST APT 7, LINCOLN, NE 68521			DATE OF BIRTH (MM / DD / YYYY)	03/13/1967	
V2/N	OWNER	TERESA SCHLICKER			PHONE	402-430-6554
1	3500 N. 57, Lincoln, NE 68507			CITATION	LB492804	
G	LICENSE PLATE	PA NO.	TGJ815	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
4	VEHICLE	2003	Honda	MODEL	EXL	BODY STYLE Mini van
V1/O	VEHICLE ID NO. (VIN)	5FNRL18933B138645			COLOR	dark blue
2	VEHICLE ID NO. (VIN)	5FNRL18933B138645			ESTIMATED DAMAGE	\$ 500
V2/O	TOWED TO	TOWED BY			INSURANCE COMPANY	Farmers Mutual
2	AU354370			POLICY NO.	AU354370	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	G05025412			STATE (Of License)	NE
V1/P	DRIVER	EDWARD L MASTERS			PHONE	402-730-8752
1	3225 N 56TH ST, LINCOLN, NE 68504			DATE OF BIRTH (MM / DD / YYYY)	11/18/1932	
V2/P	OWNER	EDWARD MASTERS			PHONE	402-730-8752
1	3225 N. 56th, Lincoln, NE 68504			CITATION	LB492804	
J	LICENSE PLATE	PA NO.	TWJ021	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/Q	VEHICLE	2008	Toyota	MODEL	HLM	BODY STYLE Medium/large
4	VEHICLE ID NO. (VIN)	JTEES42A782072208			COLOR	red
V2/Q	VEHICLE ID NO. (VIN)	JTEES42A782072208			ESTIMATED DAMAGE	\$ 300
K	TOWED TO	TOWED BY			INSURANCE COMPANY	State Farm
01	110239002227			POLICY NO.	110239002227	

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107228



Indicate
North
by Arrow

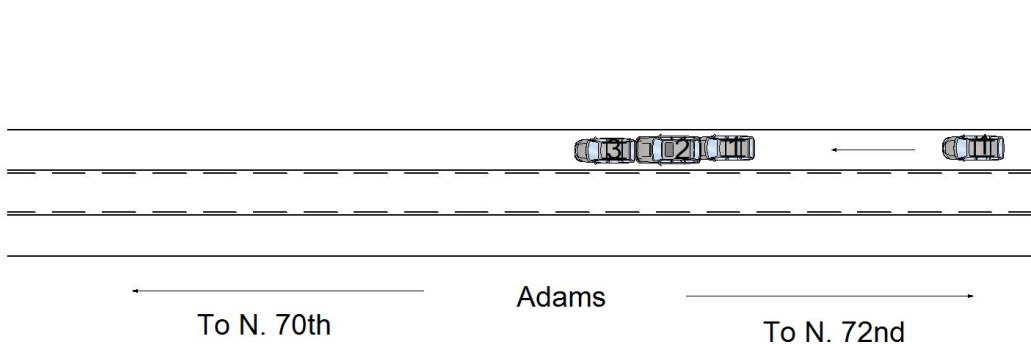
Adams=37ft

POI #1= 6ft S of N. Curb of Adams
395ft E of E. Curb of N.
70th

#2= 6ft S of N. Curb of Adams
375ft E of E. Curb of N.
70th



Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of V1 reports he was WB on Adams when he struck the rear of V2 which was stopped in backed up traffic. He stated V2 was then pushed into the rear of V3. D2 reports he was stopped on Adams due to backed up traffic when he was struck in the rear by V1. D2 stated he was then pushed into the rear of V3. D3 stated she was stopped on Adams because of backed up traffic. D3 said V2 was then pushed into her rear-end. D1 said he was in a 'hurry' because of the death of his 'buddy'. Cited/released

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1				X	Adams				4		2		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
N	X	N	X																							
2				X	Adams																					
1	01	06 Turning left				VEHICLE 1		VEHICLE 2																		
2	11	08 Entering traffic lane				POINT OF IMPACT		POINT OF IMPACT																		
		09 Leaving traffic lane				MOST DAMAGED AREA		MOST DAMAGED AREA																		
		10 Parked				01		05																		
		11 Slowing or stopped in traffic				02		03																		
		12 Other				04		05																		
		13 Unknown				06		07																		
						08		09																		
						10 Undercarriage		11 Total (all areas)																		
						12 Other																				

OFFICER NO. 1186	TROOP/ TEAM/ BEAT 1	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Shane Alesch		INVESTIGATOR SIGNATURE Approved by Officer Shane Alesch	DATE OF REPORT 11/17/2015

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District 42

Agency
Case No. B5-107228

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

11/17/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Adams, N72-N70

VEH. #

VEHICLE NO. 3

VEH. #

3

DRIVER
LICENSE

NO.

G02129327

STATE
(Of License)

NE

SEX

☒ FEMALE
☐ MALE

3

M
01

DRIVER
SUSAN B CENTER

PHONE
402-730-0441

LOCAL NO.

1.

N
1

DRIVER ADDRESS
8758 COLBY STR, LINCOLN, NE 68505

DATE OF
BIRTH
(MM / DD / YYYY)

05/08/1960

2.

O
1

OWNER
Hertz Rental

PHONE
201-307-2000

LOCAL NO.

3.

OWNER ADDRESS
225 Brae Blvd, Park Ridge, NJ 07656

CITATION

☐ YES
☒ NO

CITATION NO.

4.

P
1

LICENSE
PLATE PA

NO.

FX9724

YEAR
(Plate Expires)

2015

STATE
(Of Plate)

OH

4.

Q
4

VEHICLE

YEAR

2008

MAKE

Toyota

MODEL

Highlander

BODY STYLE

Compact Utility

COLOR

white

ESTIMATED DAMAGE
☐ TOTALED \$0

5.

VEHICLE ID
NO. (VIN)

2GNFLGEK306399950

INSURANCE COMPANY
unknown

6.

TOWED TO

TOWED BY

POLICY NO.

40

VEH. #

VEHICLE NO. 4

VEH. #

4

DRIVER
LICENSE

NO.

STATE
(Of License)

SEX

☐ FEMALE
☐ MALE

4

M

DRIVER

PHONE

LOCAL NO.

1.

N

DRIVER ADDRESS

DATE OF
BIRTH
(MM / DD / YYYY)

2.

O

OWNER

PHONE

LOCAL NO.

3.

OWNER ADDRESS

CITATION

☐ YES
☐ NO

CITATION NO.

4.

P

LICENSE
PLATE

NO.

YEAR
(Plate Expires)

STATE
(Of Plate)

5.

Q

VEHICLE

YEAR

MAKE

MODEL

BODY STYLE

COLOR

ESTIMATED DAMAGE
☐ TOTALED \$

6.

VEHICLE ID
NO. (VIN)

INSURANCE COMPANY

TOWED TO

TOWED BY

POLICY NO.

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS																			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEHICLE 3				VEHICLE 4				VEH 3				VEH 4											
3				X	Adams								4				2				3				1											
4									05																Y				Y							
3	11				06 Turning left				MOST DAMAGED AREA				02				03				04				N				X				N			
4					07 Making U-turn								01				05																			
					08 Entering traffic lane																															
					09 Leaving traffic lane																															
					10 Parked																															
					11 Slowing or stopped in traffic																															
					12 Other																															
					13 Unknown																															

1 Deployed - front

2 Deployed - side

3 Deployed - both front/side

4 Not deployed

5 Not applicable/ No airbag available

6 Unknown

1 None used - vehicle occupant

2 Lap & shoulder belt used

3 Shoulder belt only used

4 Lap belt only used

5 Child safety seat used

6 DOT approved helmet used

7 Costume helmet used

8 Restraint use unknown

1 Neither alcohol nor drugs suspected

2 Yes - alcohol suspected

3 Yes - drugs suspected

4 Yes - alcohol & drugs suspected

5 Unknown

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX	
								Seat Position	Eject	Body Region	Injury Sev.	Trans.	M F	
VEH. #	NAME					ADDRESS								
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME					ADDRESS								
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME					ADDRESS								
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-107228

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1186		TROOP/ TEAM/ BEAT 1		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Shane Alesch			INVESTIGATOR SIGNATURE Approved by Officer Shane Alesch		DATE OF REPORT 11/17/2015